

## Frequently Asked Questions: AFA-06-2012-SA CSU/Detox Technical Assistance

- Explain start-up expenses for the project.
  - \$75,000 can be budgeted and used as start-up expenses for the project; proposals with start-up funds exceeding \$75,000 that do not include revenue from other sources (non-award funding) jeopardize the project being funded. If requested, be sure to include the necessary budget documentation for these additional funds.
  - \$725,000 is the regional funding available for operational expenses in each of the named regions (1, 5, and 6) within the AFA; proposals with operational funds exceeding \$725,000 that do not include revenue from other sources (non-award funding) jeopardize the project being funded.
- Explain the IEMC terminology referenced in the AFA.
  - Involuntary Emergency Medical Commitment is a term borrowed from the Detox Statements of Work. It is similar to the Mental Hygiene commitment process wherein consumers can be legally mandated to complete treatment at the CSU/Detox facility.
- Is the CSU/Detox a 'locked' facility?
  - No, the facilities funded will not be a 'locked' facility. Consumers who are court ordered into treatment (via Mental Hygiene, etc.) are required to complete treatment and be formally discharged by the site physician. Therefore the AFA requires each proposal to thoroughly describe the facilities 'Policy and Procedure' for handling these consumers should they try to leave the unit. These policy/procedures will not include restraint of any kind and must coordinate with agency and community partners to develop the arrangement.
- Can someone be admitted that is in need of straight, substance abuse detox (no crisis)?
  - Yes
- Can someone be admitted that is only experiencing a mental health crisis (no detox)?
  - Yes
- Are the providers expected to pursue Medicaid reimbursement when applicable?
  - Yes
- Does the physician have to provide MAT on-site?
  - No, per the AFA the physician will be trained or have experience in substance abuse treatment, MAT treatment procedures, and will pursue MAT certification within 24 month period. Consumers shall not be denied admission due to participation in MAT program; physician would manage patient medications as they would consumers on other prescribed medications, etc. The consumer would have to

supply medications for pre-existing MAT regimens. The goal is that these facilities will move toward providing MAT on-site, however it is not mandatory at this time but will be in the future.

- What are the grounds for accepting and refusing admissions?
  - Refer to CSU admission criteria in the Medicaid regulations, AFA contains listing of appropriate Medicaid regulations
- How many sites will receive funding within the region?
  - One in region 1; one in region 5 and one in region 6
- How many beds must the facility house?
  - Per the AFA the facility must have no more, no less than 6 new beds for CSU/Detox
- What information do you want on the Letter of Intent (LOI)?
  - Please provide brief information of organization applying and specific project proposed. Does not need to be extremely detailed; however make sure we can clearly recognize the AFA you intend to write for. Refer to AFA for additional guidance.
- Can you establish a 12 bed facility but only use BHHF award money for 6 of the beds?
  - No, beds are limited to 6 as funding streams can not be co-mingled
- Can a provider privately contract to build a facility and then lease it back to BHHF?
  - No
- Please post old detox SOW with FAQ information to aid with writing process.
  - As the CSU/Detox projects are new and unique additional language can not be provided applicants to assist in writing process. Please refer to AFA for all available applicant resources.
- Has there been any consideration given to modifying the AFA service provision requirements to allow for an applicant to substitute Level III.2-D, Clinically Managed Residential Detoxification for the current requirement of Level III.7-D, Medically Monitored Inpatient Detoxification?
  - No, changes to the facility description or services offered will not be considered. The recommendation for these facilities was made by the Regional Task Forces of 1, 5, and 6, GACSA, and Governor Tomblin to include the CSU service component. Current CSU Medicaid standards provide for on-site detoxification services, while the ASAM criteria established reflects the level of care necessary to adequately treat the needs of any consumer on the unit.
- Regarding the section titled “Start-up Costs”, is that section intended to convey that there will be additional start-up funds available after the round dated 06/2012 through 10/2012?
  - Start up funding set forth is what is available – no known additional resources are available at this time.

- If a building is purchased with all or part of the start up funding will the state own the building?
  - In short the State will not OWN the building but will retain a stake in the building commensurate with the level of funding provided. Any approved start up costs spent on tangible/depreciable assets will be subject to the guidance set forth in OMB Circular A-102.